

P23 000 0 318 36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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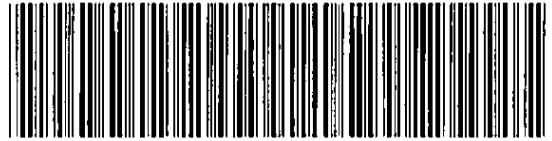
(Business Entity Name)

(Document Number)

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STATE
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INVEST IN NAPLES, INC

DOCUMENT NUMBER: P23000031836

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BJ Cottrell

Name of Contact Person

Cottrell Tax & Accounting, LLC

Firm/ Company

5633 Naples Blvd

Address

Naples, FL 34109

City/ State and Zip Code

admin@cottrelltax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BJ Cottrell

at (239) 449-4881

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>DP</u>	<u>Kabreea York</u>	<u>5045 Cedar Springs Drive 201</u>
<input type="checkbox"/> Add			<u>Naples, FL 34110</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>AMBR</u>	<u>Kabreea York, LLC</u>	<u>5045 Cedar Springs Drive 201</u>
<input checked="" type="checkbox"/> Add			<u>Naples, FL 34110</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>DS</u>	<u>Christopher Grosser</u>	<u>5045 Cedar Springs Drive 201</u>
<input type="checkbox"/> Add			<u>Naples, FL 34110</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>MBR</u>	<u>Christopher A Grosser, LLC</u>	<u>5045 Cedar Springs Drive 201</u>
<input checked="" type="checkbox"/> Add			<u>Naples, FL 34110</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Not Applicable

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

Not Applicable

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FALL 2023
STATE
DEPT.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated 7/28/23

Signature

Kabreea York
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Kabreea York
(Typed or printed name of person signing)

AMB
(Title of person signing)

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FILING SECTION